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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
I hereby appo	oint:								
☑ Practitioners associated with the Customer Number: 41577									
OR									
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
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Name		Number	Name			-,		Number	
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).									
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Telephone		· · · · · · · · · · · · · · · · · · ·			Email				
Assignee Name and Address:									
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Roche Diagnostics Operations, Inc. 9115 Hague Road									
Indianapolis, IN 46250									
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.									
			SIGNATURE		of Rec	ord			
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature	re D. Michael Young				Da	Date 1/30/06			
Name). Michael Young (Telephone (317) 521-7340			
Title	Assistant Secretary								

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